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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.:
)
) NOTICE OF GUARDIANSHIP
) PETITION
) RCW 11.88.030(4)(b)
)
An Alleged Incapacitated Person.) (NT)

TO: _____, Alleged Incapacitated Person

TO: _____, Guardian ad Litem

IMPORTANT NOTICE – PLEASE READ CAREFULLY

A PETITION TO HAVE A GUARDIAN APPOINTED FOR YOU HAS BEEN
FILED IN THE _____ COUNTY SUPERIOR COURT BY
_____. IF A GUARDIAN IS APPOINTED, YOU COULD
LOSE ONE OR MORE OF THE FOLLOWING RIGHTS:

1. TO MARRY OR DIVORCE;
2. TO VOTE OR HOLD AN ELECTED OFFICE;
3. TO ENTER INTO A CONTRACT OR MAKE OR REVOKE A WILL;
4. TO APPOINT SOMEONE TO ACT ON YOUR BEHALF;

- 1 5. TO SUE AND BE SUED OTHER THAN THROUGH A GUARDIAN;
- 2 6. TO POSSESS A LICENSE TO DRIVE;
- 3 7. TO BUY, SELL, OWN, MORTGAGE, OR LEASE PROPERTY;
- 4 8. TO CONSENT TO OR REFUSE MEDICAL TREATMENT;
- 5 9. TO DECIDE WHO SHALL PROVIDE CARE AND ASSISTANCE;
- 6 10. TO MAKE DECISIONS REGARDING SOCIAL ASPECTS OF YOUR LIFE.

8 **UNDER THE LAW, YOU HAVE CERTAIN RIGHTS.**

9 1. YOU HAVE THE RIGHT TO BE REPRESENTED BY A LAWYER OF
10 YOUR OWN CHOOSING. THE COURT WILL APPOINT A LAWYER TO
11 REPRESENT YOU IF YOU ARE UNABLE TO PAY OR PAYMENT WOULD RESULT
12 IN SUBSTANTIAL HARDSHIP TO YOU.

14 2. YOU HAVE THE RIGHT TO ASK FOR A JURY TO DECIDE WHETHER
15 OR NOT YOU NEED A GUARDIAN TO HELP YOU.

16 3. YOU HAVE THE RIGHT TO BE PRESENT IN COURT AND TESTIFY
17 WHEN THE HEARING IS HELD TO DECIDE WHETHER OR NOT YOU NEED A
18 GUARDIAN.

19 4. YOU HAVE THE RIGHT TO REQUEST THAT THE COURT REPLACE
20 THE GUARDIAN AD LITEM.

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22 ///

23 ///

1 5. A HEALTH CARE PROFESSIONAL MUST PREPARE A MEDICAL
2 REPORT REGARDING YOUR ALLEGED INCAPACITY. IF YOU OPPOSE THE
3 HEALTH CARE PROFESSIONAL SELECTED BY THE GUARDIAN AD LITEM, YOU
4 MAY SELECT YOUR OWN TO PREPARE A REPORT. THE GUARDIAN AD LITEM
5 MAY ALSO OBTAIN A SUPPLEMENTAL EXAMINATION.

6 Signed at _____, Washington, _____, ____200__.

7
8 _____
9 Signature

_____ Printed Name

10 _____
11 Address

_____ Telephone/Fax Number

12 _____
13 City, State, Zip Code

_____ Email Address